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JUL 21 2006

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From:

Name: William J. ClemensDate: July 21, 2006 Time: 3:31 PM☒ Please Confirm TransmissionContact Phone No 248-593-3019Message: Please see the following Request for Continued Examination for filing in patent application
11/081,220.

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**REQUEST FOR
CONTINUED EXAMINATION (RCE)
TRANSMITTAL****Address to:**
MAIL STOP RCE
Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

Application Number	10/717,805
Filing Date	November 20, 2003
First Named Inventor	Lorenzo Parrini
Group/Art Unit	3654
Examiner Name	Stefan Kruer
Attorney Docket No.	132702-0098

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This is a request for a Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application. Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to June 8, 1995, or to any design application. See Instruction Sheet for RCEs (not to be submitted to the USPTO) on page 2.

1. Submission required under 37 CFR 1.114

- a. ☒ Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.
- i. ☐ Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____
- ii. ☐ Other _____
- b. ☐ Enclosed
- i. ☐ Amendment/Reply
- ii. ☐ Affidavit(s)/Declaration(s)
- iii. ☐ Information Disclosure Statement (IDS)
- iv. ☐ Other _____

2. Miscellaneous


- a. ☐ Suspension of action on the above-identified application is requested under 37 CFR 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; Fee under 37 CFR 1.17(i) required.)
- b. ☐ Other _____

3. Fees (The RCE fee under 37 CFR 1.17(e) is required by 37 CFR 1.114 when the RCE is filed.)

- a. ☒ The Director is hereby authorized to charge the following fees, or credit any overpayments, to Deposit Account No. 12-2136
- i. ☒ RCE fee required under 37 CFR 1.17(e)
- ii. ☒ Extension of time fee (37 CFR 1.136 and 1.17)
- iii. ☐ Other _____
- b. ☐ Check in the amount of \$ _____ enclosed
- c. ☐ Payment by credit card (Form 2038 enclosed)


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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

Name (print/type)	William J. Clemens	Reg. No.	26,855
Signature		Date	July 21, 2006

CERTIFICATE OF MAILING OR TRANSMISSION

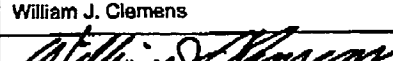
I hereby certify that this correspondence is being deposited with the United States Postal with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Box RCE, Washington, DC 20231, or facsimile transmitted to the U. S. Patent and Trademark Office on the date shown below.

Name (print/type)	Terri Fox	07/24/2006 HBINAS	00000059 122136	10717805
Signature		01 FC:1801	798.00 DA	
		Date	July 21, 2006	

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 USC 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form should be sent to the Chief Information Officer, U. S. Patent and Trademark Office, U. S. Department of Commerce, P. O. Box 1450.

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FEE TRANSMITTAL For FY 2005 Effective 01/01/2003. Patent fees are subject to annual revision.				Complete if known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				Application Number 10/717,805	<div style="border: 1px solid black; padding: 5px; transform: rotate(-5deg);"> RECEIVED CENTRAL FAX CENTER JUL 21 2008 </div>
TOTAL AMOUNT OF PAYMENT (\$ 910)				Filing Date November 20, 2003	
				First Named Inventor Lorenzo Parrini	
				Examiner Name Stefan Kruer	
				Group/Art Unit 3854	
				Attorney Docket No. 132702-0098	
METHOD OF PAYMENT (check one)			FEE CALCULATION (continued)		
<input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify) _____					
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number <u>12-2136</u> Deposit Account Name <u>Butzel Long</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee					
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Credit any overpayments					
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FEE CALCULATION					
1. Basic Filing, Search, and Examination Fees					
	FILING FEES Small Entity		SEARCH FEES Small Entity		EXAMINATION FEES Small Entity
<u>Application Type</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>	<u>Fee (\$)</u>
Utility	300	150	500	250	200
Design	200	100	100	50	130
Plant	200	100	300	150	160
Reissue	300	150	500	250	600
Provisional	200	100	0	0	0
					<u>Fees Paid (\$)</u> _____
2. EXCESS CLAIM FEES					
<u>Fee Description</u>	<u>Fee (\$)</u>	<u>Small Entity Fee (\$)</u>			
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25			
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100			
Multiple dependent claims	360	180			
Total Claims _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____ - 20 or HP = _____ x _____ = _____ HP = highest number of total claims paid for, if greater than 20.	Multiple Dependent Claims <u>Fee (\$)</u> <u>Fee Paid (\$)</u> _____ _____				
Indep. Claims _____ Extra Claims _____ Fee (\$) _____ Fee Paid (\$) _____ - 3 or HP = _____ x _____ = _____ HP = highest number of independent claims paid for, if greater than 3.					
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(c)), the application size fee due is \$250 (125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).					
<u>Total Sheets</u>	<u>Extra Sheets</u>	<u>Number of each additional 50 or fraction thereof</u>	<u>Fee (\$)</u>	<u>Fee Paid (\$)</u>	
_____	_____	_____ / 50 = _____ (round up to a whole number)	_____ x _____ = _____	_____	
					<u>Fee Paid (\$)</u> _____
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): _____ Request for Continued Examination, 1-mo. Extension of Time _____					
910					
SUBMITTED BY					
Typed or Printed Name	William J. Clemens		07/24/2008 HBNMS 8888857 122136 10717805		
Signature			02 FC:1251 120.00 DA		
			Date July 21, 2008		

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